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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. 101048022 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/	/	/			52						
3		/	/	/			53						
4		/	/	/			54						
5		/	/	/			55						
6		/	/	/			56						
7		2	/	/			57						
8		/	/	/			58						
9		/	/	/			59						
10		/	/	/			60						
11	/		/				61						
12	/		/				62						
13		2		/			63						
14		2		/			64						
15		2		/			65						
16		2		/			66						
17	/		/				67						
18		/	/	/			68						
19		/	/	/			69						
20		/	/	/			70						
21		/	/	/			71						
22		/	/	/			72						
23		2	2	/			73						
24		2	2	/			74						
25		/	/	/			75						
26		/	/	/			76						
27	/		/				77						
28	/		/				78						
29		2	/	/			79						
30		2	/	/			80						
31		2	/	/			81						
32		2	/	/			82						
33	/		/				83						
34		/	/	/			84						
35		/	/	/			85						
36		/	/	/			86						
37		/	/	/			87						
38		/	/	/			88						
39		2	/	/			89						
40		/	/	/			90						
41		/	/	/			91						
42		/	/	/			92						
43	/		/				93						
44	/		/				94						
45		2	/	/			95						
46		/	/	/			96						
47		/	/	/			97						
48		/	/	/			98						
49							99						
50							100						
TOTAL IND.			9				TOTAL IND.						
TOTAL DEP.			40				TOTAL DEP.						
TOTAL CLAIMS			49				TOTAL CLAIMS						